633 the old Portuguese-type castles, even then in ruins.
[34] The new mosque, built through Italian encouragement during the occupation, overshadows both the big market and the old Muslim "ghetto" with the old mosque, at lower elevation.

583 The local Muslim "Qadi", ecclesiastical Muslim judge,
624 regarded as their provincial temporal chief, calls on the governor-general every Tuesday. Most Muslims have not moved far from their old section, partly because it is near the big market which is their economic as well as social gathering place, partly because they, almost as much as the ethnic artisans, wish to avoid insults, mockery, and quarrels with young members of the dominant majority.

759 In addition to being a center of public announce-
● 743 ments, and the table of the judge for petty crimes, the market now also serves as center for the activities of modern "dressers". These medical auxiliaries set up their tables under one of the shady trees, their bottles, hypodermic needles, cotton wool, etc., clearly visible, with chairs for several patients, set apart by an enclosure of barbed wire. When an epidemic threatens, and
[73] during and after it (e.g. typhus or spotted fever), the public can obtain free injections there, or call a dresser to come to their home for a small fee.

683 Each town is divided into administrative wards, sometimes called "qäbälé", but almost invariably named after the church located in it. Thus a person will say "I am from Medhanë Aläm" (church of the "Savior of the

1: Messing E-5 (1953-1954)1957 MPS Amhara MPS

178 This attitude is of course deplored by the Western physicians who know
757 of it. But modern medical treatment is still little available outside
the major towns. Patients come to hospitals often only as a last
resort, fearing to be separated from kinfolk and exposed to treatment
by strangers, so that mortality in hospitals is high, which reinforces
● [743] the fears. At present there are probably no more than 50 hospitals in
all Ethiopia, and only a few hundred Western physicians. Both are
heavily concentrated in Addis Ababa, so that the field of the "woggesha"
has not shrunk at all.

164 B. Common Ailments and their Treatment.
757
756 The more common ailments and procedures followed by the "woggesha"
755 and "dabtära", (practitioners who occasionally overlap in specialties
but almost never in treatment), include the following (see next page):

175 Ucciali. A wave of patriotism swept the country and armies were gathered to meet the Italian invasion. On March 1, the Italians were practically annihilated by a vastly superior Ethiopian Army.

177 Ethiopia had been put on the map. Ménelik was interested in getting foreign help in a number of technical fields, and among the many technical experts traveling in the country during the next twenty years there were also a goodly number of physicians. The different diplomatic missions in the new capital, Addis Ababa, often had their own physicians and with Russian assistance the Emperor founded the first small hospital in the capital. Among the medical writers of this period were Chabaneix (1901), the well-known British medical historian, Charles Singer (1905), who traveled through southwestern Ethiopia to Addis Ababa in 1904, and the French Railway physician, Doreau (1909).

797 Mission societies sent medical missionaries to Ethiopia during the following years,
● 743 and French and Greek physicians, particularly, settled more and more in the capital and in Dire-Dawa, the French railroad town on the Addis-Ababa-Jibuti line. The French Government opened a hospital in Harar and the Italian Government at first kept a clinic in Addis Ababa which, in the early thirties, was enlarged to "The Italian Hospital." Ras Tafari, who had governed as a regent, with Menelik's widow, Zauditu, as Empress, was crowned Emperor in 1930, under the name Haile Selassie I. During his reign Ethiopia slowly has been emerging as a modern state. He early realized that the health of his people was of vital importance for the future of the country. In 1924, he founded the Beit Saida Hospital, which he entrusted to the Swed-

797 ish surgeon, Kurt Hanner. In 1927, the
743 American Presbyterian Mission opened a
100-bed hospital at Gullale on the outskirts of the capital. This hospital was staffed with American Mission doctors. In 1934 the "Zauditu Memorial Hospital" was founded by the Government. This hospital was run by the Seventh-Day Adventists chiefly as a maternity hospital. Helped by the American Society for Lepers, the Sudan Interior Mission and the Ethiopian Government, in 1934, founded a leprosarium at Akaki, near Addis Ababa. In
[874] 1935, the beginning of a school for "Medical Assistants" was set up in the Menelik Lycee, but this work was interrupted by the war. In the interior of Ethiopia medicine had also progressed. There were a number of mission hospitals, of which the most important were the Swedish Mission Hospital (Tafari Makonnen) in Harar and another Swedish Mission Hospital in Lekemti. The French Railroad had its own hospital in Diredawa.

744 Public health work was still very primitive. A public health committee, consisting of three physicians and a pharmacist, had been set up in Addis Ababa as the "Commission de l'Hygiène Publique." This com-

[p. 711a]

10: Barkhuus D-5 (1944-1945) 1947 MP5 Amhara MP5

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743

Typical huts for lepers at the Akaki Leprosarium near Addis Ababa.

[p. 711a]

744 during the Italian occupation, 1936 to 1941. The first year of the "conquest" was considered "a period of orientation and preparation." Demobilization of the Italian military sanitary service was carried out, while the civilian organization had not as yet been completed.

743 In the whole of East Africa, the Italians had a medical staff of approximately 1,000 men. The provinces comprising Italian East Africa were: (1) Eritrea somewhat larger than before, (2) Somalia, (3) Shoa, (4) Harar, (5) Amara, and (6) Galla and Sidamo. The Italians had the problem of making the country safe for their own people. A large number of hospitals, dispensaries and mobile sanitary units were set up. The plan called for a large (at least 600 beds) regional hospital in each of the six regions. None of the regional hospitals in Ethiopia were finished, but some, like the one in the Galla Sidamo region (Jimma), were already partly in use at the time of the Italian defeat. The Italians have made much capital out of the "civilizing effort in the field of medicine." It is true that the figures for treatment of sick persons supplied by Italian medical authorities, indicate a great deal of interest in the native population. This interest must, however, be taken with a grain of salt on the basis of actual findings on the spot. For example, it is indicated almost constantly that a very much larger number of natives received hospital treatment than did Italians. When the U. S. Technical Project examined the hospital in Jimma, it was, however, discovered that, while a grandiose hospital had been under development for the Italians, no real hospital existed for the Ethiopians, apart from some temporary, insanitary buildings. These barracks carried a magnificent name and figured with a large number of beds for natives in the Italian reports, but the obvious fact was that essentially nothing had been done for the native population.

114 Much nosological work was prepared by the Italians in the different regions of

[p. 712 A]

10: Barkhuis D-5 (1944-1945) 1947
MP5 Ambara MP5

164 was highest with 72 percent, followed by Addis Ababa with 52 percent. The actual number of persons tested is not known, but it was at least several thousand.

Unfortunately, there can be no doubt that pulmonary tuberculosis here, as elsewhere in Africa, is on the increase. The opening up of the country, the movement of the population during the war, and the arrival of many Europeans without proper health examination has furthered this increase, which will continue with the beginning of industrialization in the urban regions unless far-reaching measures are taken at a very early time.

The U. S. Technical Project had opportunity to observe numerous cases of open pulmonary tuberculosis, not only in the larger towns, but also in remote villages. So far there are no facilities for dealing with these sources of danger to the community. Left to itself, tuberculosis is likely to become the most important health problem in Ethiopia within the next decade.

Leprosy

Leprosy is an old disease in Ethiopia. It is mentioned by almost all the early writers. Rueppell (1840) saw it in Gondar; Rochet (1841) describes it as due to the climate; Aubert-Roche (1845-46) found it extremely common in Ethiopia; and Kirk (1843) treated 23 lepers in Ancober in 1842. Finding a number of lepers at Lake Tsana, Blanc (1869) revived the old "fish theory."

The exact number of lepers present in Ethiopia today is difficult to estimate, but is likely to run into several thousands. [743] There is a leprosy camp in Harar with about 150 lepers, and it is likely that there are about as many left in Harar town. Addis Ababa has about 300 lepers under treatment in a leprosarium, and another 200 living in a community on the outskirts of the city. No satisfactory control, however, is possible at the moment. Most of the leprosy seen is of the nodular and mixed form, but macular-anaesthetic cases are not rare. Leprosy does not endanger

[p. 7/68]

12:Young E-4,5 (1966) 1971 MP5 Amhara MP5
Begemder

*767 135
• 743 A government hospital, located on the edge of
177 Gondar provides the most important non-traditional therapies. Most townsfolk regard hospital therapy with considerable apprehension, because of its strangeness and of numerous apochryphal tales describing its thera-
*757 pies. Nevertheless, the Amhara does not dispute the
177 power of Western medicine, at least regarding some ail-
178 ments. This respect is largely explained by the demonstrated successes of Western medicine, and the fact that, operationally, it coincides with certain traditional no-
*[192] tions of what powerful therpies should be like. In particular, the violent introjective mode associated with the most commonly experienced of hospital therapies, merify (injection), is regarded as consistent with notions of strong therapies. Moreover, the practitioner of Western medicine, like powerful traditional healers, is characterized by a general mastery over an extensive disease domain, through abstruse sources of power. Western therapy is not in general well integrated into traditional medical beliefs, but tends to be considered mainly from a pragmatic perspective. Thus, hospital therapy is a likely choice for ailments against which it has repeatedly demonstrated successful cures and against which traditional healers are predictably less successful. Conspicuous here are abscesses, ulcerations, and other superficial but potentially serious infections,